



8-25-04 3763
Attorney Docket No. EIS-5807CIP1 (1417G P 678)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Application of:

Tuan Bui et al.

Application No.: 10/059,929

Confirmation No.: 8386

Filed On:: January 29, 2002

Examiner: Unassigned

Art Unit: 3763

For: System and Method for Operating Medical
Devices

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT NO. 17
PURSUANT TO 37 C.F.R. §§ 1.97 AND 1.98**

Dear Sir:

Applicants submit herewith Form PTO-1449, "Information Disclosure Statement," and a copy of each reference listed therein.

Since this Statement is being filed before the mailing date of a first Official Action on the merits, no fee is necessary.

Please charge any additional fees associated with this Communication or credit any overpayment to our Deposit Account No. 23-0280. A duplicate copy of this paper is enclosed for that purpose.

Respectfully submitted,

Dated: August 24, 2004

By:



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Wallenstein Wagner & Rockey, Ltd.
311 South Wacker Drive, 53rd Floor
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Attorneys for Applicant

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CERTIFICATE OF MAILING (37 C.F.R. § 1.8a)

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Gillian Gardner (207786)



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STATEMENT BY APPLICANT**
PTO-1449

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Application No.: 10/059,929
Filing Date: January 29, 2002
First Named Inventor: Tuan Bui
Art Unit: 3763
Examiner Name: Unassigned
Attorney Docket Number: EIS-5807 CIP1 (1417GP678)

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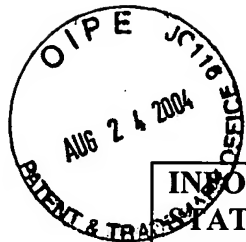


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	PCT	WO 84/04685			12/06/84	
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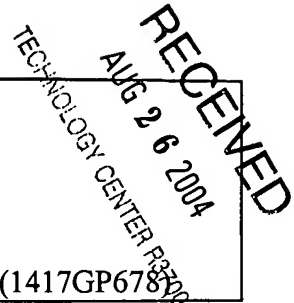


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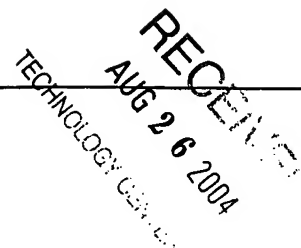


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	PCT	WO 00/29983			05/25/00	
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	PCT	WO 01/65232			09/07/01	
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Examiner Initial	(including Author (in capital letters), Title of the article, Title of the item, Date, Pages, Volume-Issue number, Publisher, City and/or Country where published.)	T
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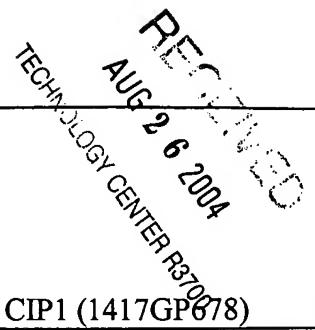
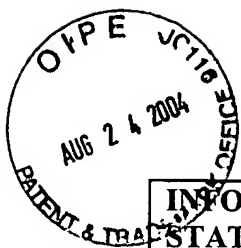
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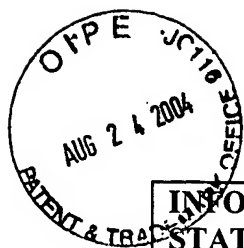
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Examiner Signature: _____ Date Considered: _____

Examiner: Initial if citation considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.

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